## L07000115558

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J. BRYAN

MAR 14 2012

**EXAMINER** 

## **COVER LETTER**

Division of C			
SUBJECT:	ER Mobile (	Clinic Solutions LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	TALLAR 13 AM 1:54 TALLAR 13 AM 1:54 TALLAR ASSEE, FLORIG
	_		T. T
	Fran	cisco Garcia de Quevedo	
		Name of Person	Sign W
	ASESORIAS	DE TAXES Y NEGOCIOS,	LLC SES E
		Firm/Company	
	83	16 Hanley RD. STE 5	ALIE ALIE
		Address	<u> </u>
•			
		Tampa FL 33634	
		City/State and Zip Code	<del></del>
	c	pa@cpahispano.com	
	E-mail address: (	to be used for future annual report notification	ation)
For further information	n concerning this matter, please c	all:	
	o Garcia de Quevedo	at (	88-8333
Name	e of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**ER Mobile Clinic Solutions LLC** 

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on11/15/2007	and assigned
Florida document numberL07000115558	•	25 E
This amendment is submitted to amend the following:		and assigned
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
ASESORIAS DE TAXES		62 VE
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation	"LLC" or the aboreviation
Enter new principal offices address, if applicable:	Francisco Garcia de Queved	0
(Principal office address MUST BE A STREET ADDRESS)	8316 Hanley RD. STE 5	
	Tampa FL 33634	
Enter new mailing address, if applicable:	8316 Hanley RD. STE 5	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 33634	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the new
	Enter Florida street ad	idress
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>A<sup>b</sup>ddress</u>	Type of Action
MGRM	Francheska Garcia de Que	2132 Central florida Parkway C4 Orlando FL 32837	Add ☑ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary)	Add Bemove
		HASSEE.	LED STAR
			- -
Dated	March 09 , 2012	2	
-	Signature of a member of	authorized representative of a member	
	Francisco	Garcia de Quevedo	
		printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00